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AN INCARCERATED INGUINAL HERNIA INVOLVING THE URINARY BLADDER I--ETC(U)
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An Incarcerated Inguinal Hernia Involving the Urinary Bladder
in a Cynomolgus Monkey (Macaca fascicularis)^{1,2,3,4}

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Running title: Inguinal Hernia in a Cynomolgus Monkey

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³In conducting the research described in this report, the investigators adhered to the "Guide for the Care and Use of Laboratory Animals," as promulgated by the Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources, National Research Council. The facilities are fully accredited by the American Association for Accreditation of Laboratory Animal Care.

⁴The views of the authors do not purport to reflect the positions of the Department of the Army or the Department of Defense.



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Summary | An inguinal hernia involving the omentum and urinary bladder was detected in a cynomolgus monkey. Surgical repair was performed; recovery was uneventful.

Key Words | Inguinal hernia, Indirect — Urinary bladder —
Cynomolgus monkey

Abdominal hernias in nonhuman primates have been frequently reported in the literature (1-9). They are often associated with a history of traumatic incident, such as long-term chair-restraint, strenuous handling, or escape from a cage (1, 4, 6). Umbilical hernias have been reported in baboons (Papio sp) and a gibbon (Hylobates sp) (7, 8), while para-median abdominal hernias have been reported in the pigtail macaque (Macaca nemestrina) and rhesus (Macaca mulatta) monkeys (1, 5). Indirect inguinal hernias have been reported in the rhesus monkey, baboons, and a pigtailed macaque (1, 4-6, 9), and there is a reported case of a direct inguinal hernia in the cynomolgus monkey (Macaca fascicularis) (10). However, the involvement of an incarcerated urinary bladder in an inguinal hernia has not been reported previously in nonhuman primates.

Case Report

During regular daily rounds by the attending veterinarian, an experimentally naive, adult, 4-7 kg, male cynomolgus monkey (M. fascicularis) was observed to have vomited. Appetite, bowel movements, and urination had been normal and no abnormal clinical signs were evident. The monkey was observed closely; on the third day, a large soft tissue swelling was detected in the left inguinal/scrotal area (Figure 1). Physical examination revealed a clinically healthy, afebrile, unstressed animal, with a 10.5 x 3 cm swelling extending from the scrotum to the inguinal ring. The skin covering and adjacent to the swelling appeared normal and no indication of trauma was evident. Palpation revealed the swelling to be firm with a normal sized left testicle in the caudal portion. The testicle could not be separated from the mass by digital manipulation, nor could the mass be manually

returned to the abdomen. The content or nature of the swelling cranial to the testicle could not be accurately determined by palpation. A tentative diagnosis of inguinal hernia was made and the patient was prepared for surgery.

Surgical Procedure

The monkey was preanesthetized with 0.2 mg/kg acetyl promazine,⁵ and 0.02 mg/kg atropine sulfate,⁶ before intramuscular administration of 10 mg/kg ketamine hydrochloride⁷ anesthesia. The scrotal and inguinal areas were shaved and prepared for surgery. Surgical exploration revealed a hernial sac adherent to the scrotum, requiring digital dissection to free. The sac was excised revealing a 12-cm length of omentum and a portion of the urinary bladder protruding through the inguinal ring. The bladder appeared dark red and was distended with urine. The bladder and omentum could not be replaced until approximately 5 ml of urine were removed by cystocentesis with a 20-gauge needle and syringe. The omentum was ligated at its most proximal point and transected. The deflated bladder was then manually returned through the inguinal ring into the abdominal cavity. The left spermatic cord and testicle were congested and a unilateral orchidectomy was performed. Repair of the inguinal defect and closure of the skin were performed; recovery was uncomplicated.

Discussion

Inguinal hernias in nonhuman primates are a potentially serious problem. Detection can be difficult, especially in a large primate colony or in facilities using gang cages. The various postural attitudes that monkeys assume when confronted by humans can effectively

⁵ Acepromazine^R. Ayerst Laboratories, New York, NY.

⁶ Atropine Sulfate. Eli Lilly and Co., Indianapolis, IN.

⁷ Ketaset^R. Bristol Laboratories, Bristol-Myers Co., Division
Syracuse, NY.

conceal an inguinal defect until significant complications arise. Furthermore, the initial lack of abnormal clinical signs may delay or even prevent detection.

Warren and Piccoli have reported the potential of hernial bladder involvement (4) while Carpenter and Riddle have reported the bladder's presence in a direct inguinal hernia (10). In that case, however, the hernial sac was not adherent, nor was the bladder's blood supply compromised. An undetected hernia involving an incarcerated bladder could have serious consequences including ischemic necrosis, sepsis, and eventually death in an untreated animal. In this instance, it is probable that prompt detection and surgical intervention were responsible for the routine resolution of the case.

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FIGURE LEGEND

Figure 1

Inguinal hernia in a cynomolgus monkey.

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